America

 $Company\ Tracking\ Number: \qquad DENIED\ CLAIMS\ REPORT-T$ 

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

## Filing at a Glance

Company: Teachers Insurance and Annuity Association of America

Product Name: Individual LTCI SERFF Tr Num: META-126210348 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 42815
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: DENIED CLAIMS State Status: Closed

**REPORT - T** 

Filing Type: Form Reviewer(s): Harris Shearer

Author: Disposition Date: 08/05/2009

Date Submitted: 06/30/2009 Disposition Status: Filed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

#### **General Information**

Project Name: Denied Claims Report - T

Project Number: Denied Claims Report - T

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Pate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Market Type: Individual

Group Market Type:

Group Market Type:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 08/05/2009 Explanation for Other Group Market Type:

State Status Changed: 08/05/2009

Deemer Date: Created By: Mary Rinaldi

Submitted By: Mary Rinaldi Corresponding Filing Tracking Number:

Filing Description: June 30, 2009

Dear Commissioner:

Re: Metropolitan Life Insurance Company as Administrator for Teacher Insurance Annuity Association of America

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

America

Company Tracking Number: DENIED CLAIMS REPORT - T

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

Denied Claims

Respectfully,

Loren Balletto

Sr. Product Consultant

Enclosure(s)

## **Company and Contact**

#### **Filing Contact Information**

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com

MKTG/AD

Green Farms Road 203-221-3859 [Phone]

Westport, CT 06880

#### **Filing Company Information**

Teachers Insurance and Annuity Association of CoCode: 69345 State of Domicile: New York

America

730 Third Avenue Group Code: Company Type:
New York, NY 10017 Group Name: State ID Number:

(212) 578-2944 ext. 2944[Phone] FEIN Number: 13-1624203

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# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

America

 ${\it Company Tracking Number:} \qquad {\it DENIED CLAIMS REPORT-T}$ 

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Teachers Insurance and Annuity Association of \$0.00 06/30/2009

America

America

 ${\it Company Tracking Number:} \qquad {\it DENIED CLAIMS REPORT-T}$ 

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

# **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	08/05/2009	08/05/2009

America

 ${\it Company Tracking Number:} \qquad {\it DENIED CLAIMS REPORT-T}$ 

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

# **Disposition**

Disposition Date: 08/05/2009

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

America

 ${\it Company Tracking Number:} \qquad {\it DENIED CLAIMS REPORT-T}$ 

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Flesch Certification	Yes
Supporting Document	Application	Yes
Supporting Document	Health - Actuarial Justification	Yes
Supporting Document	Outline of Coverage	Yes
Supporting Document	Denied Claims Report	Yes
Supporting Document	cover letter	Yes

America

Company Tracking Number: DENIED CLAIMS REPORT - T

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

## **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: NA for this submission

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: NA for this submission

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: NA for this submission

**Comments:** 

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage
Bypass Reason: NA for this submission

Comments:

Item Status: Status

Date:

Satisfied - Item: Denied Claims Report

Comments:

Attachment:

AR TEACHERS CLAIMS DENIAL REPORTING FORMS.pdf

SERFF Tracking Number: META-126210348 State: Arkansas

Filing Company: Teachers Insurance and Annuity Association of State Tracking Number: 42815

America

 ${\it Company Tracking Number:} \qquad {\it DENIED CLAIMS REPORT-T}$ 

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Individual LTCI

Project Name/Number: Denied Claims Report - T/Denied Claims Report - T

Item Status: Status

Date:

Satisfied - Item: cover letter

Comments: Attachment:

AR TEACHERS LETTER.pdf

## CLAIMS DENIAL REPORTING FORMS LONG-TERM CARE INSURANCE

# FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR OF 2008 Due 2009

Company Name: Metropolitan Life Insurance Company as **Due**: June 30 annually

Administrator for Teachers Insurance Annuity Association of America

Company Address: 57 Green Farms Road, Westport, CT 06880 Phone Number: (203) 221-6546

P.O. Box 937, Westport, CT 06881-9909

(for mailing only)

**CompanyNAIC** 

**Number**: 69345

**Contact Person**: Loren Balletto

**Line of Business**: Individual / Group

#### **Instructions:**

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

Per Claimant - counts each individual who makes one or a series of claim requests

Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA <sup>1</sup>
1.	Total Number of Long-Term Care Claim Reported	3	5,574
2.	Total Number of Long-Term Care Claims Denied/Not Paid	1	496
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting (Elimination)		
	Period not met	1	347
5.	Net Number of Long-Term Care Claims Denied for Reporting	0	149

	purposes (Line 2, Minus Line 3, Minus Line 4)		
6.	Percentage of Long-Term Case Claim Denied of Those Reported (Line		
	5 divided by Line 1)	0.00%	2.67%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy <sup>2</sup>	0	56
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	54
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	7
11	• Other <sup>5</sup>	0	32

- 1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- 2. Example home health care claim filed under a nursing home only policy.
- 3. Example a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- 4. Examples a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
- 5. Examples Maximum lifetime benefit reached, services paid under another insurance.

Metropolitan Life Insurance Company Long-Term Care PO Box 937, Westport, CT 06881-0937



June 30, 2009

The Honorable Jay Bradford Arkansas Department of Insurance 1200 West 3rd Street Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for Teacher Insurance Annuity Association of America

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

Denied Claims

Respectfully,

Loren Balletto

Sr. Product Consultant

Enclosure(s)